FOR INSTRUCTIONS, SEE BACK OF FORM

File with: lows Ethics and Campaign Disclosure Board 510 E. 12", Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

riends

Candidate Name

Office Sought

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DISCLOSURE SUMMARY PAGE

Effective January 1, 2010, all statements and reports filed by new committees. IA ETHICS AND for state office must be filed electronically and effective January 1, 2012, all PAIGN DISCLOSURE BE statements and reports filed by all committees for state office must be filed

Effective May 1, 2010, all statements and reports for State PACs and Sta2010 JAN 20 AM 8: 56 Reset Form COMMITTEE NAME (Must be same as on Statement of Organization) FORM IMPORTANT: Indicate by # type of committee you are reporting for: emere DR-2 (4) Statewide/Legislative/Judge Standing for Referation Candidate (2) State PAC (3) State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (DISCLOSURE (Rev. 12/2009) REPORT For Office Use Or CANDIDATE COMMITTEES ONLY: Lagged In Political Party (If applicable) Demecrat Computer District (If Senate or House) **DelibuA** encesente Late reports are subject to possible civil and criminal penalties. Pursuant to lows Code sections 588,32A(7) and 68A,401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports. emara SIGNATURE OF PERSON FILING REPORT I AM FILING A Campaign Disclosure 119.10 REPORT FOR (1) ELECTION /(2)NON-ELECTION YEAR. (report date) Indicate by # CHECK IF AMENDMENT TO REPORT DATED Local Committees, onter Date of Election Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. (You must continue to file reports until a DR-3 is filed.) County & Local Committees, enter County in which Election is held STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on h

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

| of the last reporting period or must be zero if this is first report filed.) | 1.054.21 |
|-------------------------------------------------------------------------------------------|----------|
| ADD TOTAL MONEY TAKEN IN THIS PERIOD | 1,03% |
| Schedule A: Cash Contributions total (Attach Schedule A) Calso see in-kind halows | 610.00 |
| Government Coans Received total (Attach Schedule F) | 510. |
| Constitution 1 Total Sales of Campaign Property (Attach Schedule H) | |
| (Schedule H applies to Candidates' Committees Only) | |
| SUB-TOTAL\$ | 1,664.21 |
| Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) | 56,36 |
| Schedule F: Loan Repayments total (Attach Schedule F) | 500, 20 |
| CASH ON HAND at the end of this reporting period (if final report balance must be zero)\$ | 1,107.85 |
| **UNPAID BILLS (From Schedule D - Attach Schedule D) | |
| *IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) | 500 |
| COUTSTANDING LOANS (From Schedule F - Attach Schedule F) | |
| CONSULTANT BREAKDOWN (Schedule G Attached?) | YES X NO |
| CANDIDATE COMMITTEES ONLY: | 21.00 |
| VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) | |

| For instructions, | See | Back | of | Form |
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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

| Reset Form | SCHEDULE | |
|------------|--------------|------------------------------|
| | (Rev. 07/03) | MONETARY RECEIPTS |
| | | CK THIS BOX IF NDING FORM |

| 000000 | |
|---------------------------------------------------------------|---|
| COMMITTEE NAME (Must be same as on Statement of Organization) | |
| | |
| Friends of Jusan lemens | |
| <u>Friends</u> ot Jusan lemena | : |
| | |

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION DISCLOSURE BOARD.

1. CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of Information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

| | (If applicable) AND PAC CHECK NUMBER | | RELATIONSHIP TO CANDIDATE* (If applicable) | AMOUNT RECEIVED | √ IF FOR FUND- RAISER INCOME |
|---------|--------------------------------------|--------------------------------------------------------------|--------------------------------------------------|--------------------|---------------------------------------|
| 3/2/09 | ID# CK# | Alyce Ward 1485 S. Willow Dr. West Des Moines, IA 5026 | ~ | \$ 50 | |
| 9/15/09 | ID# CK# | Mike Harkin 31731 145th Ln. TA 50271 | | \$100 | |
| 9/17/09 | ID# | Phyliss Stevens CII SH AVE. 50265 West DesMeines, IA | . : | \$200 | |
| 6/09/09 | I D# CK# | Janice Carl 3125 Old Carriage Rd. Brighton, MT. 48116 | | \$100 | |
| 815/09 | ID# CK# | Alyce Ward 1485 S. Willow A. West Des Moines IA 50266 | | \$100 | |
| 8/5/09 | ID# CK# | Mickey Carlson 523 Clearview Dr. Adel, IA 50003 | · | *40 | |
| 8/5/09 | ID# CK# | Sciden Spancer 823 Ashleyworth Dr. Huxley, TA 50124 | | \$20 | |
| | CK# | | | | |
| | ID# CK# | | | | |
| | ID# CK# | | | | |

TOTAL (if last page of this schedule)

"Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consequinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXRENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEÉS: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA SCHEDULE В MONETARY (Rev. 07/03) EXPENDITURES

CHECK THIS BOX IF AMENDING FORM ETHICS & CAMPAIGN DISCLOSURE BOARD. COMMITTEE NAME (Must be same as on Statement of Organization)

| Fri | ends o | of Susan Teme | ere | |
|--------------------------------|----------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------|--------------------|
| DATE EXPENDED (MM/DD/YR) | CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER | NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE | PURPOSE (DESCRIBE TRANSACTION) | AMOUNT EXPENDED |
| 1.31.09 | ID# CK# | Union State Bank Winterset, IA 50273 | Service charge | s 4.28 |
| 2/31/09 | ID# CK# | Union State Bank | Service charge | 4,28 |
| 3/30/09 | | Union State Bank | Service Charge | 4.28 |
| 4/30/09 | ID# CK# | Union State Bank | Service Charge | 4.28 |
| 5/30/09 | | Union State Bank | Service charge | 4,28 |
| 6/30/09 | ID# CK# | Union State Bank | Service charge | 4.28 |
| 7/30/09 | | Union State Bank | Service charge | 4.28 |
| 8/30/09 | ID# CK# | Union State Bank | Service charge | 4,28 |
| | | | SUB-TOTAL TOTAL (if last page of this schedule) | \$34.24 |

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lower Code 68A.402(3)(I).)

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EXCENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

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SCHEDULE MONETARY (Rev. 07/03) **EXPENDITURES**

CHECK THIS BOX IF AMENDING FORM COMMITTEE NAME (Must be same as on Statement of Organization)

| F | riends | of Susan Tem | ere | |
|--------------------------------|----------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------|--------------------|
| DATE EXPENDED (MM/DD/YR) | CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER | NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE | PURPOSE (DESCRIBE TRANSACTION) | AMOUNT EXPENDED |
| 9/36/09 | ID# CK# | union State Bank Winterset, 50273 | Service Change | \$4,28 |
| 10/30/09 | O.W | Union State Bank | Service Charge | 4.28 |
| 11/30/09 | | Union State Bank | Service Charge | 4.28 |
| 12/30/09 | ID# CK# | Union State Bank | Service Charge | 4.28 |
| 4/20/09 | | Union State Bank | Bank Statement Change | \$ 5.00 |
| | ID# CK# | | | |
| | ID# CK# | | | |
| | ID# CK# | | | |

SUB-TOTAL

TOTAL (if last page of this schedule)

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| committee NAME (Must be same as on Statement of Organization) Friends of Susan Temere | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | E (Rev. 06/97) | IN-KIND |
|---------------------------------------------------------------------------------------|---------------------------------------|----------------|--------------------------|
| | | CHECK AMEND | THIS BOX IF DING FORM |

| DATE RECEIVED (MM/DD/YR) | NAME AND ADDRESS OF CONTRIBUTOR | | RELATIONSHIP TO CANDIDATE * (If applicable) | DESCRIPTION OF IN KIND CONTRIBUTION | ESTIMATED FAIR MARKET | √ IF FOR FUND-RAISER |
|--------------------------------|------------------------------------|-----|---------------------------------------------------|-------------------------------------|--------------------------|-------------------------|
| 9-9-09 | Clarence & Ann Temenous | ski | (v apparanc) | debt loan | \$ 500 | CONTRIBUTION |
| | • | ديم | | | | |
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| | | | | TOTAL (If last | \$ 500 \$ | |
| | | # | | page of this schedule) | 590 | |

"Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by merriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page ____of ___

| triend | ust be same as on Statement of Organization) 5 | re | | F (Rev. 02/08) | LOAN: RECEIV & REPAI |
|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------|-------------------|----------------------------|
| SIAL UNIVAID LOANS | ports money learned to the committee which is deposited FROM LAST REPORTING PERIOD \$ 1,000 | In the committee acc | ount, | CHECK T | THIS BO) IG FORM |
| DATE | OANS RECEIVED THIS REPORTING PERIOD of loan, such as a bank, must be shown if a third party in | s involved, Include N | oans from candid | ate's personal fu | nds.) |
| RECEIVED (MM/DD/YR) | NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) | RELAT CANDIDAT | IONSHIP TO E (If Applicable*) | AMOUNT OF | LOAN |
| | | | | S | |
| | | | | | |
| | | | | | |
| | | | • | 1 | 1 |
| | | TOTAL (PAR | T Q | F | |
| DATE PAID | OAN REPAYMENTS MADE <u>TMIS</u> REPORTING PERIOD must be reported on Schedule E In-kind Contributions, NAME AND ADDRESS OF LENDER |) | · | | _ |
| DATE PAID (MM/DD/YR) | NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) | RELATIO | NSHIP TO (If AppRcable) | AMOUNT REP | AID |
| DATE PAID (MM/DD/YR) | NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) | RELATIO | NSHIP TO (If AppRcable) | <u> </u> | PAID |
| DATE PAID (MM/DD/YR) | NAME AND ADDRESS OF LENDED | RELATIO | NSHIP TO (If AppRcable) | \$ \$ | |
| DATE PAID (MM/DD/YR) | NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) | RELATIO | NSHIP TO (If AppRcable) | \$ \$ | |
| DATE PAID (MM/DD/YR) | NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) | RELATIO | NSHIP TO (If AppRcable) | \$ \$ | |
| DATE PAID (MM/DD/YR) | NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) | RELATIO | NSHIP TO (If AppRcable) | \$ \$ | |
| DATE PAID (MM/DD/YR) | NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) THE CE & Anna Temerous King 55 Milford Rd. Apt. 17 TOTAL CASH F | RELATIO CANDIDATE* | NSHIP TO (If AppReable) | 500, | |
| DATE PAID (MM/DD/YR) | NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) TENCE & Anna Temerowski 17 55 Milford Rd. Apt. 17 +6 Lyon, MT 48178 | RELATIO CANDIDATE* DEPAYMENTS (PAR LOANS FORGIVE | NSHIP TO (If AppReable) T II) S_N | \$ \$ | |